

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012264

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 174

Primary Registration District No. 5644

Registrar's No. 21

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Lexington

Length of stay in 1b  
Years 61

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 2 Miles West Of Lexington

Inside Limits  
No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
Missouri b. Lafayette

c. CITY  
OR  
TOWN Lexington

Inside Limits  
Yes ☐ No ☒

d. STREET  
ADDRESS R.R. 2

Reside on Farm  
Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

Earl

First

Middle

ASHFORD

Earl

Earl

Earl

Earl

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

November 25, 1901

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer & Mine operator

10b. KIND OF BUSINESS OR INDUSTRY  
Mining & Farming

11. BIRTHPLACE (City and state or country)  
Lexington, Mo.

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Walter Ashford

13b. MOTHER'S MAIDEN NAME

Nora Lierman

14. NAME OF HUSBAND OR WIFE

Catherine Mudd

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Catherine Ashford Lexington, Mo

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Infarct

INTERVAL BETWEEN  
ONSET AND DEATH

sudden

Conditions, if any,  
which gave rise to  
above cause (a),  
starting the under-  
lying cause last.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK OR NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

After death 8:30 A.

to and last saw her him alive on 3-4-63

22a. SIGNATURE

(Degree or title) M. Martin M.D. Coroner

22b. ADDRESS

Odessa Mo

22c. DATE SIGNED

3-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-6-63

23c. NAME OF CEMETERY OR CREMATORY

Machpelah Cemetery

23d. LOCATION (City, town, or county)

Lexington

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Vaughn-Walker Lexington, Mo.

25. DATE RECD. BY LOCAL REG.

3-5-63

26. REGISTRAR'S SIGNATURE

M. Martin M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 0540

2 0540

3

4 0

5 1

6

7 0

8 2

9 420.1

10

11

12 90-3

13 3-0

MAR 21 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold R. Walker

Licensed Embalmer No. 4588

P. O. Address Lexington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.